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ABSTRACT

Freud brought the concept of incestuous impulses and their repression into the mainstream of developmental psychology and emphasized the importance of incestuous stimulation as a source of psychopathology. Traditions of denial and victim blaming were established in the psychotherapeutic community, and Freud's belief that incestuous acting out would be traumatic for children was discounted by academic clinicians. In the 1950's and 1960's, serious examination of incestuous behavior began. Studies in social agencies and prisons established characteristics of incestuous fathers and studies of incestuous families in psychotherapy revealed the dynamics of family interactions. Interest in incest research peaked in the 1970's when incest became recognized as a social problem, and federal funds were allocated for incest treatment programs and primary prevention. The convergence of two social movements in the 1970's, the child protection lobby and the women's movement, directed the attention of the professional community upon the problem of incest. Two broad categories of therapeutic intervention in incest focused on intervention in a currently involved family and treatment of long-term after-effects in victims of incest. The recent formation of self-help groups of incest victims and correspondence networks have provided victims with a new and important social support system. (NRB)

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A Historical Perspective on the Treatment of Incest

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There is a voluminous literature on the incest taboo in the field of anthropology, and the theme of incest runs through the history of the arts from the Greek tragedies through modern television dramas. Until recently, however, examinations of the actual occurrence of incest, its motives and effects on ordinary mostals have been exceedingly rare, and one wonders why a subject that has so fascinated authors and anthropologists has eluded psychologists. The probable answer is that incest inspires a kind of emotional horror when its actuality is confronted --it is relatively easy to contemplate its occurrence in ancient Greece or in Appalachia but much more difficult to seriously consider that it happens in one's own social group.

Freud broke new ground by bringing the concept of incestuous impulses and their repression into the mainstream of developmental psychology and by emphasizing the importance of incestuous stimulation as a source of psychopathology. In the 1890's he actually concluded that the experience of sexual molestation in early childhood was a crucial factor in the formation of hysterical conversion symptoms, and much later he admitted to his colleagues that he had suppressed the fact that the molestors had been the patient's father in at least two of his case studies. Even with this suppression, however, the suggestion that child molestation was occurring with some frequency in the Viennese middle class put Freud at serious odds with his colleagues, and modern scholars (e.g., Peters, 1976) have suggested that his withdrawal to the position that his patients were telling him their childhood fantasies rather than

real events was conditioned more by social pressure than by a genuine change of heart. In any case, Freud's "fantasy theory" of incest reports was embraced enthusiastically by his followers and for the next 50 years women in psychotherapy experienced therapist denial of their accounts of incest or, when believed, the responsibility for incest was thrust upon them since they were "helped" to see how their own Oedipal impulses had led them to seduce their fathers.

At the same time that traditions of denial and victim blaming were established in the psychotherapeutic community, Freud's belief that incestuous acting out would be traumatic for children was being discounted by academic clinicians. To this day, one can find assertions in reviews of the incest literature (e.g., Henderson, 1975) to the effect that incest has little effect upon the children involved and might even be beneficial in some cases. The citations given as evidence are a series of small sample studies (Rasmussen, 1934; Bender & Blau, 1937; Bender & Grugett, 1952; Rascovsky & Rascovsky, 1950; Yorukoglu & Kemph, 1966) done in psychiatric and court settings, and any modern reader who takes the trouble to actually review these articles will wonder how they were given credence for so long. For example, Bender and Grugett followed up a grand total of four incest victims and found that only one of them became a chronic schizophrenic, yet this study is cited as serious evidence that incest is not especially harmful.

Perhaps also symptomatic of this tendency to discount the effects of incest and deny its occurrence was Alfred Kinsey's scant mention of incest in his otherwise exhaustive surveys of male and female sexual

behavior (1948; 1953). In the survey of males, no statistics at all were given, and incest was dismissed as "occurring in the minds of clinicians"; in the female report a table was presented but the implications of the findings were not discussed, and the word "incest" was not even used. I has been suggested by Finkelhor (1979) that Kinsey and other liberal professionals of that era were intent upon lifting the Victorian veil of sexual repression that had prevented the scientific study of sexual behavior and a public outcry about incestuous child molestation would have threatened tc defeat their purposes. Perhaps, also, their reticence can be viewed as another instance of the "incest horror" that has often caused researchers to shie away from incest.

In the increasingly liberal ethos of the 1950's and 1960's the serious examination of incestuous behavior began. Through studies done in social agencies (Weinberg, 1955) and prisons (Cavallin, 1966; Gebhard, Gagnon, Pomeroy & Christenson, 1965), the characteristics of incestuous fathers began to be established; and through studies of incestuous families in psychotherapy (Kaufman, Peck & Tagiuri, 1954; Lustig, Dresser, Spellman & Murray, 1966; Machotka, Pittman & Flomenhaft, 1967; Weiner, 1962; Eist & Mandel, 1968) the dynamics of family interaction, especially in the mother-daughter dyad, were closely examined. Despite the development of intriguing hypotheses, however, there was still not a sense of incest being an important social problem, and the traditionof daughter blaming continued in a subtler form.

The 1970's saw a virtual explosion of interest in incest--since about 1975 more research articles and books have been published in this area than in the previous fifty years, and general audience treatments

of the subject also became commonplace. At the end of the decade federal funds were being allocated for research on incest treatment programs and primary prevention, and it is fair to say that incest had made a relatively swift transition from being an oddity "in the minds of clinicians" to being recognized as a genuine social problem. There was, of course, some counterreaction to this public outcry, some of it coming from old line liberals (e.g., Ramey, 1979) who feared that another wave of sexual repression might soon follow. An article in Psychology Today (DeMott, 1980) described the "pro-incest lobby," a provocative name for a small and unconnected group of clinicians and researchers who have taken positions outside the mainstream. While examination of these views makes for a lively debate, let us not lose track of the fact that there is a strong consensus among professionals specializing in this area as to the disturbing nature of most incestuous events and the necessity of some kind of extrafamilial intervention when a child is involved in incest.

Where did this sudden societal interest originate? One can make a good case that it was made possible by the so-called "sexual revolution" of the 50's and 60's in which the ability to communicate about forbidden types of sexuality was gradually established. Finkelhor (1979) has speculated that incest victims began to find each other and gain a sense of being a large group. More importantly, however, the convergence of two social movements--the child protection lobby and the women's movement--focussed the attention of the professional community upon this problem.

The child protection movement, championed largely by pediatricians

and social workers, grew swiftly in the 1970's with the graphic image of "the battered child" to fuel public interest. It was inevitable that the resultant scrutiny of patterns of physical abuse within families would reveal the existence of other types of abuse as well, and in 1978 C. Henry Kempe, one of the standard bearers in the child protectionist movement, urged pediatricians to turn their attention to sexual abuse as "another hidden pediatric problem," which he believed to be ". . . just as common as physical abuse and the failure-to-thrive syndrome," and noted with dismay the shunning and victim blaming attitudes toward sexually abused children that were still prevalent among professionals (p. 382).

Feminists were initially most concerned with rape and physical assaults upon adult women, but this interest led rather directly to their discovery of incest as an issue. I am told that it is impossible to work at a rape hotline or a shelter for battered women without becoming impressed with the frequency of incest backgrounds among victimized adults. In particular, it became obvious that the denial and victim blaming attitudes toward rape and incest victims were very similar and that power inequities between men and women in the nuclear family and in society in general are contributory to the frequency of father-daughter incest (Butler, 1978; Herman & Hirshman, 1977). Feminists then locked arms with child protectionists to devise new models for the prevention and treatment of child sexual abuse.

Our evolving concepts about therapeutic intervention in incest can considered in two large categories: 1. Intervention with a currently (or very recently) involved family; and 2. Treatment of long-term aftereffects in victims who have never mastered their incest trauma. When

an ongoing case of incest is detected there is little doubt that the social response itself can be harmful to the child victim. Until very recently a child who reported incest could reasonably expect a family catastrophe to occur, with the father possibly imprisoned for a long period, the mother and siblings deprived of economic support, and the child herself separated from the family and blamed by it for all its misfortunes. I am happy to say that programs that revise this doleful script in significant ways have evolved during the past decade, the chief among them being the Child Sexual Abuse Treatment Program in Santa Clara County, as described by Giarretto (1976) and Kroth (1979). The major principle in this approach is to minimize trauma to the child victim and other family members by legally requiring family oriented psychotherapy in which the responsibility of the parents, particularly the father, in preventing incest is stressed. It has been found that the majority of incest families who complete these programs can be reunited without the danger of further incestuous molestation, and those couples who choose to separate can do so with less hurtful consequences for the child. Professionals who have been involved in such treatment programs agree that the law against incest serves an important purpose since efforts to treat incest families on a wholly voluntary basis are very often futile given the family's tendency to deny and escape from the stress created by the revelation of incest.

With regard to the treatment of adult women with incest backgrounds, I think that we are finally gaining a sense of proportion and are beginning to view incest as a difficult life event event that needs to be very specifically addressed in psychotherapy. Our two most

common therapeutic errors have been: 1. A refusal to deal with incestuous material by attributing it to fantasy or by denying its importance; and 2. Compounding the already high levels of guilt that most incest victims feel by questions or interpretations that seem to blame the child for the occurrence of incest. Although sensitivity and accurate empathy remain primary qualifications for dealing with any client problem, I believe that specific education of therapists concerning the issues of sexual abuse would go a long way toward making therapy truly helpful to incest victims. The frequency of incest backgrounds in populations of disturbed women more than justifies its inclusion in clinical training curriculums.

Finally, clinicians should realize that incest victims are in the process of discovering that they can make contact with others who share their background and thus feel less alone and bizarre. The formation of self-help groups and correspondence networks has been rapidly occurring in the last few years, and thus the incest background client can now be provided with a kind of social support never before possible.

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